

Manor Homes (Poulton) Limited

# Cleveleys Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection visit at Cleveleys Nursing Home was undertaken on 8 May 2017 and was unannounced.

This is a care home that provides nursing for 32 people. The home comprises of three floors with lift access. Rooms have en-suite facilities and there are a number of bathrooms and toilets on each floor. The first floor has separate dining and lounge areas. Car parking facilities with disabled access to the building is available. At the time of the inspection visit there were 29 people who lived at the home.

During this inspection visit we found administration of safe handling of medicines was poor. The management team had not managed people's medicines with a consistently safe approach. For example medicines records did not consistently provide a clear, auditable record of the treatment people had received.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Care records were not consistently kept up to date. For example a referral was identified of a person requiring an appointment with a dietician. We asked the nurse if this was carried out as no documentation could be found to confirm this. The nurse informed us this had not been carried out.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Since the inspection we have been informed that the person has now had input from the dietician. The person had responded to the action plan in place and their weight was now stable.

The provider failed to ensure quality assurance was up-to-date and fully assessed people's experiences of living at Cleveleys Nursing Home. Audits failed to pick up concerns we found.

This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

During this inspection, people who lived at the home told us they felt safe whilst at the home. However, the reduction of domestic staff and lack of upkeep of the building may put people's safety and health at risk. For example we found waste bins not emptied until late in the day. Also, a soap dispenser was empty and not refilled from the morning when we checked late afternoon. Other areas of the building we found windows not cleaned outside and general up keep of the building was in need of updating.

We have made a recommendation the provider seeks guidance about safe domestic staffing levels.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify the different types of abuse and had received training in safeguarding adults. We confirmed this by talking with staff and looking at training records.

Risk assessments were in place to minimise the potential risk of harm to people during the delivery of their care.

The registered manager understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The registered manager discussed the applications which had been authorised and the restrictions in place to make sure people were safe.

We received mixed responses in relation to food provided and the way lunch was served. Comments included, "Oh yes there is always plenty of food and drink around if you want it." Also, "There's no choice." Another person who lived at the home said, "The food is good but it is not a good atmosphere."

The registered manager had a range of training to assist staff development, skills and understanding. Staff told us access to training courses was good. The registered manager had completed a training programme for staff to follow to make sure they were well trained and equipped to support people.

During the day we observed many examples of staff maintaining people's privacy and dignity. People who lived at the home told us staff were caring. Examples of this included staff knocked on bedroom doors before entering, also called people by their preferred term of address. One relative wrote in a survey returned, 'I did like the way they (staff) treated [relative] in terms of respecting her privacy.'

During the inspection visit there were activities taking place such as board games and reminiscence music. However comments were mixed from people who lived at the home about activities. For example comments included, "I like the entertainers when they come." However other comments included, "I watch television and read the newspaper. I'm bored from the minute I get up to the minute I go to bed."

People told us they had been informed about how to raise concerns if they had a complaint. The registered manager provided opportunities for them to feed back about the quality of their care and any suggestions they may have.

Staff told us the manager was approachable and supportive in their roles. They held regular meetings to obtain staff comments, suggestions and concerns about the ongoing improvement of the home.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The management team had not managed people's medicines with a consistently safe approach.

There were sufficient nursing and care staff on duty to meet people's needs. However domestic staff had been reduced.

People were at risk of not receiving appropriate care due to information not being accurately recorded.

The service had procedures in place to protect people from the risks of harm and abuse. Staff had a good knowledge of the procedures to follow.

Staff had been recruited according to their procedure and checks were in place to ensure suitable staff were employed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The registered manager and senior staff had an understanding of the Mental Capacity Act (2005).

People were provided with choices from a variety of nutritious food. However this was not always communicated to people. Comments from people who lived at the home and relatives felt choices were limited.

Records we looked at showed staff received training and regular supervision to underpin their knowledge and skills.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

We observed a calm, relaxed atmosphere and saw people and

**Good** ●

staff interacted in a friendly, caring way. Care records contained evidence they were involved in their support planning.

Staff treated people in ways that demonstrated they were valued and an important member of the community.

We observed staff worked in ways that respected people's culture and diversity.

### **Is the service responsive?**

The service was not always responsive.

People who lived at the home were not fully stimulated and occupied.

Care records did not always guide staff to be responsive to people's needs. Information was missing and not consistently clear about their support requirements.

The management team and staff had systems in place to act on any comments, concerns and complaints.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The management team failed to properly assess the quality assurance of the service provided.

The registered manager had a good understanding of each person's requirements in terms of health and social care needs.

The provider had suitable arrangements to obtain feedback from people and their relatives about the quality of their care.

**Requires Improvement** ●

# Cleveleys Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team on the day consisted of an adult social care inspector, a pharmacist inspector, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor on this inspection visit had a nursing care background with expertise in nursing and care of older people.

Prior to our unannounced inspection on 08 May 2017, we reviewed information we held about Cleveleys Nursing Home. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We walked around the home and spent time observing the interactions between people who lived at the home, visitors and staff. We spoke with a range of people about Cleveleys Nursing Home. They included seven people who lived at the home, six relatives/friends, the registered manager and six staff members. In addition we spoke with a nurse (deputy matron) on duty. We did this to gain an overview of what people experienced at Cleveleys Nursing Home.

We looked around the building to check environmental safety and cleanliness. In addition we looked at a range of records. These included documents in relation to five people who lived at the home and two staff recruitment files. We reviewed records about staff training, medication, as well as those related to the management and safety of Cleveleys Nursing Home.



## Our findings

We looked at the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stocks and other records for nine people. We observed part of the lunchtime medicines round. The nurse completed the medicines administration records at the time of administration to each person, helping to ensure their accuracy. However, records showed that one person had missed doses of medicine on admission to the home, as adequate stocks were not maintained to enable continuity of treatment. Staff administering medicines were aware that people had medicines that should be given at certain times with respect to meals such as, 'before food'. However, formal arrangements were not in place to help ensure this always happened in practice.

Qualified nurses administered most medicines but where people had chosen to self-administer some of their own medication, written assessments were not completed, to identify any support people may need with this. One person's record did not include the name or the dose of the self-administered medicine. Two people's records indicated that nurses administered their medicines covertly. GP advice had been sought but contrary to current guidance 'National Institute for Clinical Excellence' records of an assessment of capacity and the decision making process had not been made for one person, to evidence how that person's best interest were protected.

Records of medicines received into the home and of unwanted medicines sent for disposal were maintained. However, the medicines records did not consistently provide a clear, auditable record of the treatment people had received. For example, nurses did not record the quantities of any medication carried forward to the next month. This meant it was not always possible to tell whether medicines had been administered correctly. We also saw two examples where a stock count showed that courses of antibiotics had not been administered as prescribed. Records for a third person showed that a new supply of a previously regularly prescribed medicine had not been received or administered for the current month. This put people at risk of poor medicine management. We raised this with the nurse-in-charge so that prompt action could be taken to confirm this unexpected change with the GP.

Medicines including controlled drugs were safely stored. However, the Controlled Drugs register was not well maintained, two recent entries had been crossed out without further annotation. We also saw one example where nurses had administered medication to someone from another person's supply.

The manager did not complete regular medicines audits and medicines incidents or errors were not recorded in order that they could be appropriately investigated and any learning shared to reduce the risk of

reoccurrence.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not ensure that nurses followed the systems in place to manage medicines safely.

We looked at care records of five people who lived at the home. One care plan contained a monthly observation check which had not been completed since the person had been admitted months earlier. A staff member informed us this form should not have been in the individual's personal file it should be in the medication file, so it could be actioned. In all the files we looked at review dates for assessments were updated. However no comments were written, it was only the date that changed.

We found in one care plan an entry dated 19 March 2017 stated that a referral should be made to a dietician. We asked if this was carried out as no documentation could be found to confirm this. This put people at risk of unsafe care and not receiving care that would meet their needs. We asked the nurse if this was carried out as no documentation could be found to confirm this. The nurse informed us this had not been carried out. Since however the person who lived at the home has had input from the dietician and action had been taken. The person had responded to the action plan in place and their weight was now stable.

These are breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team's systems failed to maintain people's safety.

People and relatives we spoke with said they felt safe whilst living at Cleveleys Nursing Home. Comments included, "The place is secure." Also, "I feel safe enough, I just do." A relative said, "I think she's safe." Relatives told they had confidence in staff and the management team to keep people safe and secure.

Staff we talked with demonstrated they had a good awareness of how to protect people against potential abuse or poor care. This included what procedure to follow and who to contact to report any safeguarding concerns including whistleblowing. One staff member said, "I would immediately speak with the manager if I had a concern or witnessed something that I thought was abuse. If it was a manager I would follow the whistleblowing procedure."

Care plans of people who lived at the home had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support and what nursing input was required.

The management team monitored and regularly assessed staffing levels to ensure sufficient care and nursing staff were available to provide support people needed. We found during the inspection visit more care staff had been employed recently to ensure people received the care they required. Staff we spoke with were happy with the staffing levels deployed at Cleveleys Nursing Home and comments we received confirmed that. They included, "We have more care staff now and it helps a lot better." Also another staff member said, "The other day we had seven care staff on duty it was great plenty of time to chat with residents." One person who lived at the home said, "I always see plenty of people around."

We found staff had been recruited according to their procedure and had checks in place to ensure suitable staff were employed. Staff we spoke with confirmed they did not start work until all employment checks had been completed. We found staff commenced their induction programme and completed training appropriate to their position. One staff member said, "The induction was brilliant I have not been here long and it helped me a lot."



Although we found sufficient care staff on duty domestic staffing levels had been reduced and people told us this had an effect on the general standards of cleaning. We received mixed comments about the cleanliness of the building. For example, a relative said, "I think it could be a bit cleaner. Every problem boils down to lack of money." Also, "It could do with being cleaner." One person who lived at the home said, "It's very clean, they clean every day." We walked around the building several times during the day and only one domestic staff was on duty. This meant towards late afternoon parts of the building required cleaning still. For example we saw bins needed emptying in bathrooms early morning and by late afternoon were still full. Also we checked a soap dispenser at 09:30 which was empty at 15:00 it was still empty. This could potentially be an infection control issue. Staff spoken with and rotas looked at showed hours for domestic staff had been reduced. Staff spoken with confirmed this which had put more pressure on existing domestic staff. We spoke with the registered manager who recently appointed a new 'Infection Control Lead' person to ensure the staff were kept up to date of any infection control issues. In addition to ensure infection control procedures were followed to reduce the risk of infection throughout the home.

Other areas of the building we found windows not cleaned outside and general up keep of the building was in need of updating. One person living at the home said, "If they just cleaned the window outside it would be more pleasant." These issues could potentially lead to a health and safety risk for people who, lived at the home. For example some window restrictors were not fitted properly and broken. This could put people's safety at risk. However we saw documentation this was being attended to and new restrictors for window had been ordered prior to our visit. This showed the registered manager monitored people's safety.

We recommend the provider seeks guidance from a reputable source in relation to good infection control practices and associated staffing levels to maintain the cleanliness of the home.

We looked at documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.



## Our findings

From documentation we looked at, also staff and people who lived at the home we spoke with we found staff were effective in their roles because they were experienced and trained. One person who lived at the home when asked if they felt staff were competent said, "Most certainly the majority are." Also, "A lot of the carers are on the ball."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager, nurse and staff we spoke with demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We observed people were supported to come and go as they wished to. Staff did not restrict their liberty or movements. This showed the registered manager and staff followed the Code of Practice and legal processes associated with the MCA.

We had mixed responses about the quality of meals at the home. For example comments from people who lived at Cleveleys Nursing Home and relatives included, "The food's generally very good, it was egg and chips yesterday." Also, "The food's alright, I get enough, I don't get bored with the menu." However other comments included, "Some days it's alright, and some days it's rubbish." We observed lunch being served and found staff on hand to support people if they required help. However there was little interaction between staff and people who lived at the home whilst they were assisting people.

We had a look around the kitchen and found it was clean and cleaning schedules were in place for staff to follow to ensure the kitchen was maintained and kept clean. The Food Standards Agency had awarded Cleveleys Nursing Home their highest rating of five stars following their last visit. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Fridges and storage areas were well stocked with food supplies and fresh produce was available and being used for lunch on the day of the inspection visit. However we had been informed by staff and registered manager food budgets had been reduced because of wastage of produce. We did not see any shortage of food stocks and witnessed people were offered additional snacks, and drinks throughout the day. One person who lived at the home said, "Oh yes there is always plenty of food and drink around if you want it."

People told us there was limited choice at meal times. For example comments from people who lived at the home and relatives included, "They've had enormous cut backs on food, they get an awful lot of eggs, there's no choice." Also, "I asked for something with gravy but they didn't have anything."

The registered manager told us they would review the lunchtime activity so that it could be more of a positive experience for people. For example in terms of communication and engagement between staff and people who lived at the home. In addition how staff were deployed to ensure people had a pleasant experience during the lunchtime period. Surveys will be carried out to seek views of people about meals and quality of food which the registered manager would monitor and address any concerns.

The registered manager had a range of training to assist staff development, skills and understanding. This covered, for example, safeguarding adults, moving and handling and first aid. The registered manager had completed a training programme for staff to follow to make sure they were well trained and equipped to support people. Staff also completed recognised qualifications in health and social care. Comments from staff included, "No issues with training there is always something going on."

Staff told us they had regular supervision to support them in their roles. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Records we looked at evidenced sessions were held on a regular basis. All staff we spoke with told us the registered manager was supportive and was available any time in between supervision sessions. Staff we spoke with said the sessions were useful to them in their responsibilities.

Staff worked with other healthcare professionals to maintain continuity of people's care. They recorded involvement with for example GP visits and appointments. We saw they contacted professionals in order to meet each person's needs in care records we looked at. However one record for a person did not follow through a referral to a dietician that had been assessed.



## Our findings

People who lived at the home and relatives told us they experienced good standards of care and support. We observed good care practices from staff toward people who lived at the home. For example staff were able to spend time with people and this was encouraged by the management team. One staff member said, "You don't feel you have to get up if you are chatting with residents. The seniors like you to do that." Another staff member said, "Yes sat talking with people is most important and [registered manager] encourages me to do that." A relative said, "The staff are caring and respectful." A person who lived at the home said, "You cannot say the staff are not caring people they are."

We found the nurses, staff and registered manager demonstrated an understanding of people's needs. For example we discussed care of people at the home. Staff were able to discuss their needs and any nursing input required. A staff member said, "We have a keyworker system here and regular handover meetings it helps. We are not a massive home so we do get to know residents well."

The registered manager and staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each person as an individual.

Care records we looked at showed people and their relatives were involved in their care planning. For example, the staff and management team documented discussions with each person whose health needs had changed. However not all relatives agreed. One told us they were not always consulted about their relatives care. We discussed this with the registered manager. They told us they would ensure care needs of people and any changing needs would be discussed with relatives where applicable with the consent of the person who lived at the home.

The management team were able to describe end of life care they provided for people and ensure people were comfortable and well cared for. For example this included discussions and consultation with professional health teams. We had positive responses from external agencies in terms of end of life care provided by the service. Discussion with staff confirmed they had an understanding people who received end of life care were treated with dignity and sensitively. An example of this was the registered manager told us if people did not have relatives or visitors they ensured staff were available to spend time with them in their final moments.

During the day we observed examples of staff maintaining people's privacy and dignity. Examples of this

included staff knocked on bedroom doors before entering, also called people by their preferred term of address. One relative wrote in a survey returned, 'I did like the way they (staff) treated [relative] in terms of respecting her privacy.'

When we looked around the premises and in bedrooms we found people who lived at the home were supported to personalise their own rooms. For example one person had posters on their walls of their favourite football team. We spoke with the person who said, "I like [football team] that is why my photos are around the room." The registered manager and staff encouraged people to make Cleveleys Nursing Home their home. This included having their personal belongings, such as furnishings, photographs and ornaments.

Visitors were welcome at any time with some visitors coming in at mealtimes to assist their relatives. One staff member said, "That's fine if family wish to come and assist at lunch time." There were several lounges and private spaces in which families could sit with their relatives for a private discussion as an alternative to bedrooms.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.



## Our findings

People who lived at the home told us they received care that was responsive to their needs. For example a relative said, "Yes if something was not right they do respond. This could be a phone call to me or they would react to whatever was wrong. Yes they do that, they are good."

Staff completed a range of assessments and information to measure people's care needs and what support was required. For example, communication, personal care and medication. This meant guidance for staff enabled them to be responsive to people's needs.

Care plans we looked at contained missing details and gaps to guide staff about people's requirements. For example, one person's care plan had gaps such as personal bathing preferences. We were told this was because on arrival they could not communicate their preferences and had no family to liaise with. However they could now communicate and would be able to express their wishes if asked. Information could now be recorded so their needs would be met.

People and their relatives told us they were not always involved in the review of their care plans. One person who lived at the home said, "I've not seen it". A relative added, "They would probably show me if I asked." The management team carried out reviews of care and were up to date. However more information should be added to keep people informed of up to date care needs.

The management team recorded information in care records that referenced people's preferences to their care and support. For example this included their wishes about, personal care, activities, meals and getting up/going to bed times. Other information contained in care files included the person's family and life histories to assist staff to better understand them.

During the inspection visit there were activities taking place such as board games and reminiscence music. We had a mixed response from people who lived at the home and relatives in terms of activities and what was on offer at Cleveleys Nursing Home. For example comments included, "My [relative] comes and sings every 3 months." Another person said, "I like the entertainers when they come." However other comments were negative, for instance one person said, "I watch television and read the newspaper. I'm bored from the minute I get up to the minute I go to bed." In addition a relative said, "They don't do anything, there's no entertainment." We spoke with staff who told us there were enough staff for people to follow their interest and to provide activities. One staff member said, "We are encouraged to spend time with residents. Like the other day we had a nail painting session for everyone in the afternoon it was good."

We spoke with the registered manager who told us a new activity co-ordinator was now in place since the last one left. They said activities should improve and a programme of events was to be introduced. The registered manager ensured us all people who lived at the home were made aware of activities provided and efforts were made to accommodate people's choices.

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed in the home, also in their literature given out to people who lived at the home and relatives.

We spoke with people who lived at the home and relatives about the complaints process. People told us they knew how to make a complaint and who to speak to if they had any issues. A person who lived at the home said, "I have complained and it was resolved."

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.



## Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team showed us documentation that outlined various audits to assess the safety and welfare of everyone at the home such as 'pressure care' audits and health and safety audits. We found they detailed discrepancies and what action should be taken. For example a recent audit found documentation in nursing notes needed to be more concise. A later audit found this had now been rectified. However audits were too few to assess and monitor the running of the home. They had not undertaken for example medication, care plans, or building audits. This meant the provider failed to ensure quality assurance was accurate and up to date. Furthermore they could not assess the experiences and safety of people who lived at Cleveleys Nursing Home and this put people at risk. In addition there were no Infection control audits to assess the quality of the home's cleanliness and related procedures.

The management team held relative/resident and staff meetings every three to four months. Minutes were available of the meetings held. The last meeting for example, highlighted concerns in relation to meals on offer and communicating choices to 'residents'. The action taken was to ensure specific needs and choices of people were discussed and implemented. However people told us very little happened following the meetings. The registered manager told us they would ensure issues raised would be looked into and addressed.

These are breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team failed to properly assess the quality assurance of the service provided. Governance associated with service auditing and recordkeeping was inconsistent and irregular.

A recommendation from the last inspection had been addressed. This was in terms of more visits and support from the provider to the home. One staff member said, "[Provider/owner] now visits more often." Also, a member of the management team said, "[Provider/owner] will visit more now and unannounced which is good."

We found the Cleveleys Nursing Home had clear lines of responsibility and accountability with a structured management team in place. The management team included a registered nurse on duty 24 hours a day.



They were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the staff and management team confirmed they were clear about their roles and between them provided a well-run home. One staff member said, "We know what we are doing and lines of management are clear."

The management team had suitable arrangements to obtain feedback from people who lived at the home, their relatives and staff about their experiences at Cleveleys Nursing Home. For example, surveys were given out to check views on, cleanliness, the environment, staff care and food. The outcomes of the last survey demonstrated mixed feelings about the home. For example out of 10 relative/resident surveys returned five were not happy with the general cleanliness and upkeep of the building. One survey read, 'The staff are great good care. However the building needs updating. 'Another said, 'The windows need cleaning.' We spoke with the provider who told us they would address these concerns.

Staff we spoke with told us they were happy working at Cleveleys Nursing Home because the team and registered manager worked well together. One staff member said, "[Registered manager] is there when you need her and always helps out." Another said, "Good supportive management."

We observed the registered manager and management team were always available and involved in care practices in their approach to the management of Cleveleys Nursing Home. When they provided support for people who lived at the home, it was evident they felt at ease and confident. We observed the registered manager had a good understanding of each person's care and nursing needs.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The management team failed to ensure that nurses followed systems in place to manage medicines safely.
Treatment of disease, disorder or injury	Regulation 12 (1) and 2 (g)
	The management team failed to maintain people's safety because care records were not kept up to date to ensure people received the right care and treatment.
	Regulation 12 (1), 2 (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	The management team failed to properly assess the quality assurance of the service provided. Governance associated with service auditing and recordkeeping was inconsistent and irregular.

